

# REGISTRATION FORM

VCC USE ONLY - DATE: \_\_\_\_\_  
REGISTRATION ACCEPTED BY: \_\_\_\_\_

TOWN OF VIENNA PARKS AND RECREATION  
120 CHERRY ST. SE  
VIENNA, VA 22180  
PH: 703-255-6360 / FAX: 703-255-6399  
www.viennava.gov

1/07

CHECK ONE: Resident \_\_\_\_\_  
Non Resident \_\_\_\_\_  
CHANGE OF ADDRESS: Yes \_\_\_\_\_ No \_\_\_\_\_  
EMAIL ADDRESS CHANGE: Yes \_\_\_\_\_ No \_\_\_\_\_

## ONE HOUSEHOLD PER REGISTRATION FORM

HEAD OF HOUSEHOLD LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_

CELL: (\_\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

PARTICIPANT NAME FIRST/LAST NAME	BIRTH DATE	M/F	ACTIVITY NUMBER AND SECTION (222222 A1)	ACTIVITY NAME	FEE
SAM SAMPLE	1/2/03	M	222222 B1	GYMNASTICS	\$32

### PAYMENT METHOD

CHECKS ☐ MADE PAYABLE TO: TOWN OF VIENNA Total: \_\_\_\_\_  
CASH ☐ (EXACT CHANGE ONLY) Total: \_\_\_\_\_  
CREDIT ☐ CARD: Total: \_\_\_\_\_

☐ AMERICAN EXPRESS \_\_\_\_\_ Exp date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ DISCOVER \_\_\_\_\_ Exp date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ MASTER CARD \_\_\_\_\_ Exp date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ VISA \_\_\_\_\_ Exp date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(I AGREE TO PAY ABOVE CREDIT CARD TOTAL)

Total Fees: \_\_\_\_\_

Less Household  
Credit: - \_\_\_\_\_

Total Paid: \_\_\_\_\_

CHECK REFUND POLICY ON  
PAGE 4 BEFORE  
REGISTERING FOR CLASSES

In consideration of the registrant being granted permission by the Town of Vienna, Virginia to participate in this program & associated activities, I hereby release the Town of Vienna, Virginia & its officers, employees, agents, & volunteers from any & all liability relating to or arising out of the registrant's participation. I authorize the Town of Vienna and its officials, employees, agents & volunteers, at any such person's discretion to administer emergency first aid treatment & at my expense to obtain the services of a physician(s) and /or rescue squad & authorize the same to effect such treatment of the registrant as they deem advisable.

SIGNATURE OF PARTICIPANT, PARENT, GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_